This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBE	R:				
_		Total Fee	: Calculatio	0 n		
	Fee Code	Total # Claims	Number Extra X	Fcc	Fee	Total
	Տտ./Էգ			Sm. Entity	Lg Entity	
Basic Filing Fee	201/101	\circ 1	1		•	. 6X
Total Claims >20	201.101	20.	x		18	, <u>-1/X</u>
Independent Claims >3	202/102	5	2^{-} x		78	157
Mult. Dep Claim Present	204/104					:
Surcharge	205/103					12()
English Translation	_139					100
TOTAL FEE CALCULA	TION			·		994
Fees due upon filing th	e application	· •				
Total Filing Fees Due =	= S	994	 .			· - - ·
Less Filing Fees Submi	ned '- \$	001/				
BALANCE DUE	= 5	994				
Varily						
Office of Initial Patcht E	xamination				••	

Ligure 7

Deposit Account had insufficient funds 25 of 6/19/00